

BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section

09 NOVEMBER 2011
C.L. 1049919

5

TO: Juan J. RIVERA
Chief
Bureau of Internal Affairs

Robert KLIMAS
Commander
Bureau of Internal Affairs

ATTN: Lt. Susan CLARK
Commanding Officer
Administrative Section / BIA

CC: Lt. Karen KONOW
Commanding Officer
Special Investigations Section / BIA

FROM: Sergeant Christopher Pettis
Investigations Division
Special Investigations Section / BIA

SUBJECT: **Synoptic Report for C.L. # 1049919**
(Weapons Discharge / hits) animal

INVOLVED
OFFICERS:

Police Officer Baneond Chinchilla
Star # 9445, Unit 189 (On Duty)
Employee # [REDACTED]
Date of Appointment: 25 August 2003
D.O.B. 12 May 1973

Police Officer Michael Padalino
Star # 15680, Unit 189 (On Duty)
Employee # [REDACTED]
Date of Appointment: 07 July 1997
D.O.B. 28 August 1973

DATE/TIME/
LOCATION:

09 November 2011/ 1824 hours/ [REDACTED]

OCIC: **none**

**BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section**

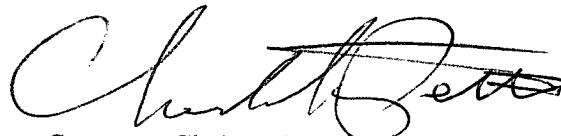
**09 NOVEMBER 2011
C.L. 1049919**

BAC RESULTS: .0000 / .0000
Reference:

Log # 1049919
WD #'s [REDACTED]
(Chinchilla)
[REDACTED] **(Padalino)**
RD # [REDACTED]
Event # [REDACTED]

SUMMARY: On 09 November 2011, at 1913 hours, Investigating Sergeant was notified by C.P.I.C. (Anderson) of a weapons discharge incident concerning two on duty narcotics police officers in the 025th District. The officers (Chinchilla # 9445 and Padalino # 15680) were attacked by an aggressive dog as they executed a search warrant [REDACTED] and both officers discharged their firearms. The animal is deceased and no other property damage or injuries were reported.

Investigating Sergeant arrived at the 025th District at approximately 2015 hours. Investigating Sergeant started the observation period of P.O. Chinchilla at 2030 hours. P.O. Chinchilla supplied a breath test sample at 2052 hours which resulted in a BAC result of .0000. P.O. Chinchilla supplied a urine sample at 2100 hours. Investigating Sergeant started the observation period of P.O. Padalino at 2110 hours. P.O. Padalino supplied a breath test sample at 2132 hours which resulted in a BAC result of .0000. P.O. Padalino supplied a urine sample at 2139 hours.



Sergeant Christopher Pettis
Investigations Division
Special Investigations Section / BIA

APPROVED:



Lt. Susan CLARK
Commanding Officer
Administrative Section / BIA

TEST RECORD
RBT IV

RBT IV# 022783
DATE 11-09-11
TEST NO. 0076
ID#

93625
AS IV# 098835
TEMPERATURE 18 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 20:52

SUBJECT

OPERATOR,

C. PATTIS

WITNESS

555 W 6th and

TEST LOCATION

Log# 1049919



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name BANEAND Chinchilla Title Police Officer
Star No. 9445 Employee No. [REDACTED] Unit ~~516~~ 189

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

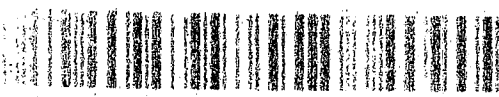
Print Member's Name <u>BANEAND Chinchilla</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>9 Nov 2011 2030</u>
Type of Test: <u>Alcohol</u>	Location: <u>[REDACTED]</u>	Date and Time: <u>9 Nov 2011 2052</u>	
Type of Test: <u>Drug</u>	Location: <u>[REDACTED]</u>	Date and Time: <u>9 Nov 2011 2100</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. Christopher Pettis</u>	IAD Supervisor's Signature <u>[Signature]</u>	Date and Time <u>09 Nov 2011 2105</u>
---	--	--

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

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 4932779 SPECIMEN ID NO.		LAB ACCESSION NO.	
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE			
A. Employer Name, Address, I.D. No. CHICAGO POLICE DEPT CHICAGO DRUG UNIT #108/50 100 S MICHIGAN AVE CHICAGO IL 60603 TEL 312-743-5000 FAX 312-743-5019		B. MRO Name, Address, Phone and Fax No. FORM ID: SAP9501020	
C. Donor SSN or Employee I.D. No. [REDACTED]			
D. Donor Name: Last: <u>D</u> First: <u>AV</u>			
E. Donor ID Verified: <input checked="" type="checkbox"/> Photo ID <input type="checkbox"/> Emp. Rep.			
F. Reason for Test: <input type="checkbox"/> Pre-employment (1) <input type="checkbox"/> Random (3) <input type="checkbox"/> Reasonable Suspicion/Cause (5) <input type="checkbox"/> Post-Accident (2) <input type="checkbox"/> Promotion (22) <input type="checkbox"/> Return to Duty (6) <input type="checkbox"/> Follow-up (23) <input checked="" type="checkbox"/> Other (specify) (99) <u>Weapons Discharge</u> <u>Mandatory POST</u>			
G. Drug Tests to be Performed: <u>X</u> 35120N SAP 10 50/2000 N/ST			
H. Collection Site Name: <u>075th DIST</u> <u>555 W Grand</u> Address: <u>CHICAGO IL</u> City, State and Zip:		Collection Site Code: Collector Phone No.: Collector Fax No.:	
STEP 2: COMPLETED BY COLLECTOR			
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark		Specimen Collection: <input type="checkbox"/> Split <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> None Provided (Enter Remark) <input checked="" type="checkbox"/> Observed (Enter Remark)	
REMARKS			
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5. STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY			
I certify that the specimen given to me by the donor, identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.			
X <u>[Signature]</u> Signature of Collector <u>Christopher Pettis</u> (Print) Collector's Name (First, MI, Last)		09:00 AM Time of Collection <u>11/19/2011</u> Date (Mo./Day/Yr.)	
RECEIVED AT LAB: X Signature of Accessioner (Print) Accessioner's Name (First, MI, Last)		SPECIMEN BOTTLE(S) RELEASED TO: <input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other Name of Delivery Service Transferring Specimen to Lab	
Date (Mo./Day/Yr.)		Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	
STEP 5: COMPLETED BY DONOR		SPECIMEN BOTTLE(S) RELEASED TO:	
I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.			
X <u>[Signature]</u> Signature of Donor		(PRINT) Donor's Name (First, MI, Last)	
Daytime Phone No.		Evening Phone No.	
Date of Birth		Date (Mo./Day/Yr.)	
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN			
In accordance with applicable requirements, my determination/verification is:			
<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> REFUSAL TO TEST BECAUSE: <input type="checkbox"/> DILUTE <input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED			
REMARKS			
X <u>[Signature]</u> Signature of Medical Review Officer		(PRINT) Medical Review Officer's Name (First, MI, Last)	
Date (Mo./Day/Yr.)		Date (Mo./Day/Yr.)	
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN			
In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:			
<input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON			
X <u>[Signature]</u> Signature of Medical Review Officer		(PRINT) Medical Review Officer's Name (First, MI, Last)	
Date (Mo./Day/Yr.)		Date (Mo./Day/Yr.)	

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT. Christopher Pettis

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 9 day of November 2011 at 2100, P.O. Bernard Chinchilla
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT Christopher Pettis, and witnessed this member:
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>9445 / 93625</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>50596</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1184</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 10 NOV 11, at 1410,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____ was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER) and then delivered to _____ (LAB MEMBER), on _____ (DATE), at _____ (TIME)

Specimen received by _____ (LAB MEMBER'S INITIALS) _____ (RDTU MEMBER'S SIGNATURE) _____ (STAR/EMP NO.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I PO C. Conry # 7094
received a collected urine specimen from Sgt. A. Pettis # 1184. The specimen
was delivered in sealed (circled) / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt. Pettis. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED].

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt. Pettis.

Specimen delivered by:

[Signature]
Signature

1184

Received/stored by:

[Signature]
Signature

7094

TEST RECORD
RBT IV

RBT IV# 022783
DATE 11-09-11
TEST NO. 0077
ID#

47636
AS IV# 098835
TEMPERATURE 20 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 21:32

SUBJECT

OPERATOR

C. Peters

WITNESS

535 W Grand

TEST LOCATION

Log # 1049919



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Michael PADALINO Title Police officer
Star No. 15680 Employee No. [REDACTED] Unit 189

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

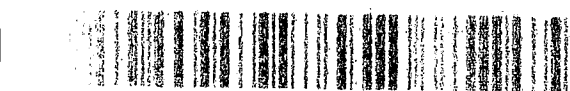
I have read, understand, and complied with the above.

Print Member's Name <u>Michael Padalino</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>09 Nov 2011 2110</u>
Type of Test: Alcohol	Location: <u>[REDACTED]</u>	Date and Time: <u>09 Nov 2011 2135</u>	
Type of Test: Drug	Location: <u>[REDACTED]</u>	Date and Time: <u>09 Nov 2011 2139</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. Christopher Pettis</u>	IAD Supervisor's Signature <u>[Signature]</u>	Date and Time <u>09 Nov 2011 2145</u>
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CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER



4932765 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

 POLICE DEPT
 1000 10TH AVE
 1000 10TH AVE
 1000 10TH AVE
 1000 10TH AVE

B. MRO Name, Address, Phone and Fax No. MRO ID: SCFMS00020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99)

G. Drug Tests to be Performed:

X 25390H SAP 10-50/2000 1/AD

 Mandatory POST
 Weapons Discharge

H. Collection Site Name:

 Address: CHGO FL
 City, State and Zip:

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

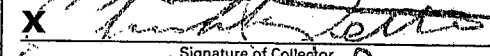
Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.
STEP 4: CHAIN OF CUSTODY INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor, identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

 X 
 Signature of Collector
 Christopher PETTIS
 (Print) Collector's Name (First, MI, Last)

 9:39 AM
 11/19/2011
 Time of Collection
 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier ☐ FedEx
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

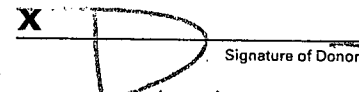
(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:
STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

 X 
 Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 MEDICAL REVIEW OFFICER COPY

CPD 0021659

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

SGT Christopher PERRIS

Signature of Employer Representative

PART I -

A. On the 9 day of November, 2011 at 2139, I, Michael PADALINO
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT Christopher PERRIS and witnessed this member:
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. M

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A
MAIN TEST VIAL - NO.

B
ALTERNATE TEST VIAL - NO.

D. Close the vial cap. AD

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature]
(STAFF MEMBER'S SIGNATURE)

, on 10 NOV 11
(DATE)

, at 1415
(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on _____

(DATE)

, at _____

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I PO C. Conny # 7094
received a collected urine specimen from Sgt. C. Pettis # 1184. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conny in the presence
of Sgt. Pettis. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED].

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conny, as witnessed by Sgt. Pettis.

Specimen delivered by:

Signature

[Signature]

1184

Received/stored by:

Signature

PO C. Conny

7094

UNIT NO. 121	PROP. INVENTORY NO.	DATE RECEIVED 9 NOV 2011	MANNER RECEIVED <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER-DESCRIBE
-----------------	---------------------	-----------------------------	---

DELIVERING OFFICER SGT. C. PETTIS #A84	STAR NO.	E & RPS RECEIVING OFFICER [REDACTED]	STAR NO.
---	----------	---	----------

CONTENTS - DESCRIBE LOG # 104 99 19
AMOUNT \$

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION
CHICAGO POLICE DEPARTMENT

CPD-34-559-A

SEAL WITHIN WHITE AREA
[Handwritten signatures and markings]

Last Name: Chinchilla

First Name: BANEON

Rank: P O

Star #: 9445

Unit: 189

Home Zip Code: _____

Date Hired: 25 AUG 2003

Birthdate: [REDACTED]



10 NOV 11

TS
copy

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT. Christopher Pettis

☐ Employer Representative

Signature of Employer Representative

PART I - A. On the 9 day of November 2011 at 2100, P.O. Bane and Chinchilla
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT Christopher Pettis
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

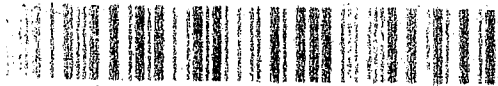
PART II - The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Cosmy, on 10 NOV 11 at 1410
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number
was removed from the Random Drug Testing Unit refrigerator by
(RDTU MEMBER)
and then delivered to, on, at
(LAB MEMBER) (DATE) (TIME)

Specimen received by
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

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 4305057 4932779 SPECIMEN ID NO.		LAB ACCESSION NO.	
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE			
A. Employer Name, Address, I.D. No. CHICAGO POLICE DEPT 4000 DRUG UNIT, 4100/30 100 S MICHIGAN AVE CHICAGO IL 60653 TEL 312 743-5000 FAX 312 743 5019		B. MRO Name, Address, Phone and Fax No. FORM ID: CAPHS00020	
C. Donor SSN or Employee I.D. No. [REDACTED]			
D. Donor Name: Last: [REDACTED] First: [REDACTED]			
E. Donor ID Verified: <input checked="" type="checkbox"/> Photo ID <input type="checkbox"/> Emp. Rep.			
F. Reason for Test: <input type="checkbox"/> Pre-employment (1) <input type="checkbox"/> Random (3) <input type="checkbox"/> Reasonable Suspicion/Cause (5) <input type="checkbox"/> Post-Accident (2) <input type="checkbox"/> Promotion (22) <input type="checkbox"/> Return to Duty (6) <input type="checkbox"/> Follow-up (23) <input checked="" type="checkbox"/> Other (specify) (99) <u>Weapons Discharge</u>			
G. Drug Tests to be Performed: <u>mandatory POST</u> <u>05# DIST</u>			
H. Collection Site Name: <u>555 W Grand</u> Address: <u>CHICAGO IL</u> City, State and Zip:		Collection Site Code: Collector Phone No.: Collector Fax No.:	
STEP 2: COMPLETED BY COLLECTOR			
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark		Specimen Collection: <input type="checkbox"/> Split <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> None Provided (Enter Remark) <input checked="" type="checkbox"/> Observed (Enter Remark)	
REMARKS			
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.			
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY			
I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.			
X <u>[Signature]</u> Signature of Collector <u>Charles Pettis</u> (Print) Collector's Name (First, MI, Last)		<u>09:00 AM</u> Time of Collection <u>11/19/2011</u> Date (Mo./Day/Yr.)	
RECEIVED AT LAB: X Signature of Accessioner (Print) Accessioner's Name (First, MI, Last)		SPECIMEN BOTTLE(S) RELEASED TO: <input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other Name of Delivery Service Transferring Specimen to Lab	
STEP 5: COMPLETED BY DONOR		SPECIMEN BOTTLE(S) RELEASED TO: <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	
I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.			
X <u>[Signature]</u> Signature of Donor Daytime Phone No.		<u>[Signature]</u> (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)	
Evening Phone No.		Date of Birth Mo. Day Yr.	
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN			
In accordance with applicable requirements, my determination/verification is: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> REFUSAL TO TEST BECAUSE: <input type="checkbox"/> DILUTE <input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED			
REMARKS			
X <u>[Signature]</u> Signature of Medical Review Officer		<u>[Signature]</u> (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)	
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN			
In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is: <input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON			
X <u>[Signature]</u> Signature of Medical Review Officer		<u>[Signature]</u> (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)	

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I PO C. Conry # 7094
received a collected urine specimen from Sgt. A. Pettis # 1184. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt. Pettis. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt. Pettis.

Specimen delivered by:

Signature

[Signature]

1184

Received/stored by:

Signature

[Signature]

7094



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

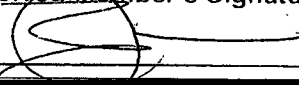


CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name BANEON Chinchilla Title Police Officer
Star No. 9445 Employee No. 93625 Unit ~~016~~ 189

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>BANEON Chinchilla</u>		Involved Member's Signature 	Date and Time <u>9 Nov 2011 2030</u>
Type of Test: <u>Alcohol</u>	Location: 	Date and Time: <u>9 Nov 2011 2052</u>	
Type of Test: <u>Drug</u>	Location: 	Date and Time: <u>9 Nov 2011 2100</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. Christopher Pettis</u>	IAD Supervisor's Signature 	Date and Time <u>09 Nov 2011 2105</u>
---	---	--

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXXX
CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1087SW
3510 S MICHIGAN AVE
CHICAGO, IL 60653



LABORATORY REPORT
Quest
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN	
PAGE		REQUISITION NO	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME		LOG-IN DATE	FAX DATE & TIME
1					11092011 09:00PM		11112011	11112011 10:05AM

REMARKS Client Site Location:

REASON FOR TEST: WEAPONS DISCHARGE MANDATORY

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:		35190N (SAP 10-50/2000 W/NIT)					
Integrity Checks		Acceptable Range					
CREATININE		205.3 mg/dL				>= 20 mg/dL	
pH		5.7				4.5-8.9	
OXIDIZING ADULTERANTS		Negative					
Substance Abuse Panel					Initial Test Level	MS Confirm Test Level	
AMPHETAMINES		Negative			1000 ng/mL	500 ng/mL	
BARBITURATES		Negative			300 ng/mL	200 ng/mL	
BENZODIAZEPINES		Negative			300 ng/mL	200 ng/mL	
COCAINE METABOLITES		Negative			300 ng/mL	150 ng/mL	
MARIJUANA METABOLITES		Negative			50 ng/mL	15 ng/mL	
METHADONE		Negative			300 ng/mL	200 ng/mL	
METHAQUALONE		Negative			300 ng/mL	200 ng/mL	
OPIATES		Negative			2000 ng/mL	2000 ng/mL	
PHENCYCLIDINE		Negative			25 ng/mL	25 ng/mL	
PROPOXYPHENE		Negative			300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST: KSAS01							
SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.							
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
>> END OF REPORT <<							

Last Name: PADALINO
First Name: Michael
Rank: P O
Star #: 15680
Unit: 189
Home Zip Code: _____
Date Hired: 07 July 1987
Birthdate: [REDACTED]

WD118367
10 Nov 11

TS
COPY

CPD 0021669

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT Christopher PETTIS

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 9 day of November, 2011 at 2139, I, Michael PADALINO
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT Christopher Pettis and witnessed this member:
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. PT

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO.

D. Close the vial cap. PT

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

, on 10 NOV 11, at 1415

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on _____

(DATE)

, at _____

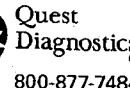
(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.



CPD 0021671

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I PO C. Conny # 7094
received a collected urine specimen from Sgt. C. Pettis # 1184. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conny in the presence
of Sgt. PETTIS. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conny, as witnessed by Sgt. PETTIS

Specimen delivered by:

Signature

[Signature]

1184

Received/stored by:

Signature

PO C. Conny

7094



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Michael PADALINO Title Police officer
Star No. 15680 Employee No. [REDACTED] Unit 189

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
Michael Padalino		09 Nov 2011 2110

Type of Test	Location	Date and Time
Alcohol	[REDACTED]	09 Nov 2011 2132
Drug	[REDACTED]	09 Nov 2011 2139

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
Sgt. Christopher Pettis		09 Nov 2011 2145

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXXX
CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1087SW
3510 S MICHIGAN AVE
CHICAGO, IL 60653



Quest
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN
1							
PAGE	REQUISITION NO	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN-DATE	FAX DATE	& TIME
1				11092011 09:39PM	11112011	11112011	10:05AM

REMARKS Client Site Location:

REASON FOR TEST: MANDATORY POSTWEAPONSDISCHARGE

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:		35190N (SAP 10-50/2000 W/NIT)					
Integrity Checks		Acceptable Range					
CREATININE		244.7 mg/dL				>= 20 mg/dL	
pH		5.8				4.5-8.9	
OXIDIZING ADULTERANTS		Negative					
Substance Abuse Panel					Initial Test Level	MS Confirm Test Level	
AMPHETAMINES		Negative			1000 ng/mL	500 ng/mL	
BARBITURATES		Negative			300 ng/mL	200 ng/mL	
BENZODIAZEPINES		Negative			300 ng/mL	200 ng/mL	
COCAINE METABOLITES		Negative			300 ng/mL	150 ng/mL	
MARIJUANA METABOLITES		Negative			50 ng/mL	15 ng/mL	
METHADONE		Negative			300 ng/mL	200 ng/mL	
METHAQUALONE		Negative			300 ng/mL	200 ng/mL	
OPIATES		Negative			2000 ng/mL	2000 ng/mL	
PHENCYCLIDINE		Negative			25 ng/mL	25 ng/mL	
PROPOXYPHENE		Negative			300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST:		KSAS01					
SPECIMEN RECEIVED AND PROCESSED		IN THE LENEXA DHHS CERTIFIED LABORATORY.					
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
		>> END OF REPORT <<					

JNIT NO.

121

PROP. INVENTORY NO.

DATE RECEIVED

9 Nov 2011

MANNER RECEIVED

☐ MAIL
☐ COUNTER
☐ CRIME LAB

☐ OTHER-
DESCRIBE

DELIVERING OFFICER

Sgt. Christopher Pettis #1184

E & RPS RECEIVING OFFICER

STAR NO.

CONTENTS - DESCRIBE

AMOUNT \$

LOS # 1049919

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

CPD 34-559-A

SEAL WITHIN WHITE AREA

[Handwritten signatures and markings]